

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH**

**OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH**

**APPLICATION FOR LICENSURE AS AN ASBESTOS ABATEMENT WORKER**

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**1. TYPE OF APPLICATION:**    \_\_\_\_ **INITIAL**    \_\_\_\_ **RENEWAL**

If Renewal, current license number: LAW-\_\_\_\_\_

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**2. APPLICANT:**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street: \_\_\_\_\_ Telephone No. \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**3. DOCUMENTATION OF REQUIRED TRAINING:**

Attach original or certified copy of certificate(s) indicating successful completion of all training required by Section B.3.1 of the Rules and Regulations for Asbestos Control. Any training course taken earlier than one year prior to application must be supplemented by an Agency approved Annual Review course. Renewal applications should only include original or certified copies of certificates for training courses not already on file with the Agency.

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**4. LICENSURE/AUTHORIZATION IN OTHER JURISDICTIONS:**

Indicate all other federal, state or local jurisdictions in which the applicant currently holds an asbestos abatement worker license or other authorization to function as an asbestos abatement worker. Attach copies of all such licenses and/or authorizations.

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**5. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:**

- A. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos abatement worker license or other authorization to function as an asbestos worker held by the applicant? ( ) Yes ( ) No

If yes, provide details.

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- B. Does any federal, state or local jurisdiction have an outstanding enforcement action(s) against the applicant? ( ) Yes ( ) No

If yes, provide details.

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**6. CERTIFICATE (This item must be completed by applicant)**

I certify that I have read and understand the Rhode Island Rules and Regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Rhode Island Rules and Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief. I further certify that my asbestos worker license or other authorization to function, as an asbestos worker has not been suspended or revoked by a federal, state or local jurisdiction except as noted in item 5.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Complete application, the twenty dollar (\$20) licensure fee, and (if applying by mail) two (2) full-face color photographs (not larger than one and one-quarter (1.25) inches high by one (1) inch wide) should be submitted to:

**Rhode Island Department of Health  
Office of Occupational and Radiological Health  
3 Capitol Hill, Room 206  
Providence, Rhode Island 02908-5097  
(401) 222-3601**

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**AGENCY USE ONLY:**